STANDARD CERTIFICATE OF DEATH a. COUNTY D. CITY (I) judgete recryptore little, with effect and after transmits) D. CITY (II) pudgete recryptore little, with effect and after transmits) D. CITY (II) pudgete recryptore little, with effect and after transmits) D. CITY (II) pudgete recryptore little, with effect and after transmits) D. CITY (II) pudgete recryptore little, with effect transmits) D. CANDER OF BERTH (II) pudgete recryptore little, little, with effect transmits) D. CANDER OF BERTH (II) pudgete recryptore little,	FILED MAR	1 4 1949	THE DIVISION OF H			51
1. PLACE OF DEATH 2. OUNTY 2. OUNTY 3. COUNTY 4. DELETA OF COUNTY 4. DELETA OF COUNTY 5. COUNTY 6. COUNTY	111/11/	* I 1040	STANDARD CERTI	FICATE OF DE	ATH State File	No5
1. PLACE OF DEATH a. COUNTY DOWN DOWN	BIRTH NO		REG. DIST. NO	PRIMARY REG. DIST	314G	47
D. CITY (If southies corporated barriers of township) OR STREET OF OR MANUAL COLUMN PRINCIPLE AND AND COLUMN PRODUCTS (If counties corporate limitary approximate RUPLAL and give township) OR PRILL NAME OF (If the phosphor to institution, give township) OR STREET OR STREET (If runni, give todation) OR DECEASED (Type or Princi) S. SEX (SOLOR OR ROCE 7. MARRIED, NEVER MARRIED, TOWNSHIP) S. SEX (SOLOR OR ROCE 7. MARRIED, NEVER MARRIED, TOWNSHIP) OR STREET OR STREET (If runni, give todation) If give todation or give todat	I. PLACE OF DEA	TH		2. USUAL RESI	DENCE (Where deceased lived,	If institution: residence
OF TOWN OF		dawa	1	110	wsoun	Mulia
G. FULL NAME OF CIT will be beging or traditions, after is reach adjacen or logations. INSTITUTION TO DECEASED D. (LAMB) D. (LAM	OR ()	porate limits, write		c. CITY (If outside a	corporate limits, write RURAL and gi	ve township)
HOSPITAL OR STATUTE ST		monte		-	Many	
S. SEX S. SOLOR OR RACE T. MARRIED, NEVER MARRIED, MARRIED, MENER MARRIED, MONER DEPARTS TO THE STATE OF BUSINESS OR IN- ULUL COCCUPATION (Cive-blad of rock) TO COUNTRY: TO STATE OF DEATH TO STATE OF BUSINESS OR IN- ULUL COCCUPATION (Cive-blad of rock) TO COUNTRY: TO COUNTRY:	HOSPITAL OR	I Fra	institution, give street address or location,	ADDRESS	(If rerai, give ideation)	
SEX SCOLOR OR RACE 7. MARRIED, MEVER MARRIED, MORNIE MARRIED, MORNIE MARRIED, MEVER MARRIED, MORNIE MA	3. NAME OF DECEASED	a First)	b. (Middle)	(Last)	OF 🦳	
The Light Coccipation (Circhited of could be passed by the control of white life, we present the control of the c		jame	LI TURSON	Large DE DETU		r /- Y
10a. USUAL OCCUPATION (c) two who of work and considered on the considered on the considered of which and the considered on the considered on the considered on the considered on the considered of the considered on the considered of the considered on the considered on the considered of the considered on the considered of the considered on the consider	malo	VIII.	WIDOWED, DIVORCED (Briedly)	11/22/18	72 76	
133. MOTHER'S MAIDEN NAME 133. MOTHER'S MAIDEN NAME 134. MADE STANDED FORCES? 15. WAS DÉCEASED EVER IN U.S. ARMÉD FORCES? 16. SOCIAL SECURITY 17. INREPRIMANT'S SIGNATURE OR NAME ADDI 17. INREPRIMANT'S SIGNATURE OR NAME 17. INREPRIMANT'S SIGNATURE OR NAME 17. INREPRIMANT'S SIGNATURE ADDI 21. ACCIDENT ATTOM AND CREMATORY 246. BURIAL CREMA. 247. DATE 347. BURIAL CREMA. 348. BURIAL CREMA. 349. BURIAL CREMA. 349. BURIAL CREMA. 340. BURIAL CREMA. 340. BURIAL CREMA. 340. BURIAL CR			10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (84	ate or foreign country)	12. CITIZEN OF
Its WAS DECEASED EVER IN U.S. ARMED FORCES? Its CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not meen the district means the district in means the district i	111	M.D.	I doctor m.D.	1 / lew For	# * P Y - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INECRMANT'S SIGNATURE OR NAME ADDITION 18. CAUSE OF DEATH 18. CAUSE OF CONDITION 18. CAUSE OF DEATH 18. CAUSE OF CONDITION 18. CAUSE OF COMMITTEE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF COMMITTEE OF DEATH 18. CAUSE OF CAUSE OF COMMITTEE OF DEATH 18. CAUSE OF COMMITTEE OF DEATH 18. CAUSE OF COMMITTEE OF COMMITTEE OF COMMITTEE OF CAUSE OF COMMITTEE OF CAUSE OF COMMITTEE OF CAUSE OF CAUS	13a. FATHER'S NAME	TD		2	14. HAVE OF HUSBAND O	R WIFE
Bis Cause of Death Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such an heart fallure, sathenia, size to the above cause (a) stating the underlying cause last. Authority of cause (a) stating the underlying cause last. Due to (c)	INCHANGED THE	DINIERDAN	STREET IS SOCIAL SOCIETY	TOWEY	T'S SIGNATURE OF MAN	F ADDR
Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, eatheria, etc. It means the disease of the above cause (a) stating cause last. Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Line To (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOP YES 21a. ACCIDENT SUCIDE HOMIGIDE 21d. TIME (Month) OF INJURY 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, asseet, office blag, etc.) OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE OF OPERA- WHILE AT MORK AT WORK AT WO	(Yes, no, or unknown) (If	yes, give war of date	on of service) 10. SOCIAL SECURIT	She I	SI R	100- 5
Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, authenia, ide. It means the disease, injury, or compiledition which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions curring death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 10b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 10c. Major Finding (Bowdiy) 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, sareet, office bidg., etc.) OF INJURY 21c. INJURY (C.g., in or about which is a suit of the death of the death occurred at the disease and on the date stated above. 21d. Thereby certify that I attended the deceased from the date occurred at the disease and on the date stated above. 22a. SIGNATURE 22a. SIGNATURE 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DATE RECO BY LOCAL REG. SIENATURE 22d. REG. SIENATURE 23d. ADDRESS DATE RECO BY LOCAL REG. SIENATURE 24c. NAME OF CEMETERY OR CREMATORY 25c. FUNEPAL OF SIENATURE 25c. FUNEPAL	IR CAUSE OF DEATH		MEDICAL	CERTIFICATION	11. parge	INTERVAL BE
*This does not mean the mode of dying, such as heart failure, eathering, etc. It means the discase, injury, or complication which caused death. DUE TO (c)	Enter only one cause per	1. DISEASE OR	CONDITION ON TO DEATH!	200	The median	CONSET AND
Morbid conditions, if any, giving DUE TO (b) as heart failure, authentia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Boodty) 21d. PLACE OF INJURY (e.g., in or about boms, farm, factory, street, office bidg., sec.) INJURY 21d. Time (Month) OF INJURY 21d. How DID INJURY OCCURT WHILE AT MORK AT WORK 22f. 19 1 1, 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	line for (a), (b), and (c)			wire way	, announce	
DUE TO (c) DUE TO (c)				Pater isc	luis rue	al unde
DUE TO (c) DUE TO (c)	as heart failure, asthenia,	rise to the above	cause (a) stating			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing death. 20. AUTOP YES			uwas sude.		Ì	
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 20. AUTOP 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE NOT WHILE INDIRE 22. I hereby certify that I attended the deceased from Month of the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE 24c. NAME OF CEMETERY OR CREMATORY 25. FUNEBAL DISECTOR'S SIGNATURE ADDRESS DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 25. FUNEBAL DISECTOR'S SIGNATURE ADDRESS ADD					1001	
TION TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE 21d. TIME OF OF INJURY 21d. How DID INJURY OCCUR? 21d. How DID INJURY		Conditions contr related to the dis	routing to the death but not ease or condition causing death.		.). 4	
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, acreet, office bidg., ec.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE MORK NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from And Work AT WORK 22. I hereby certify that I attended the deceased from And that death occurred at alive on And that death occurred at alive or And that death occurred at and the date stated above. 23a. SIGNATURE (Degree of title) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) ADATE REC'D BY LOCAL REG. REG. REG. TRAR'S SIGNATURE 3-2-49 21b. PLACE OF INJURY (e.g., in or about bidg., ec.) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR	19a. DATE OF OPERA-	196. MAJOR FII	NDINGS OF OPERATION		`	20. AUTOPS
SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE		<u> </u>	·			
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Injury occurred at alive on Injury occurred at alive of Injury occurred at alive on Injury occurred at alive of Injury occurred a	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, atreet, office bldg., etc.	t 21c. (CITY, TOWN, C	R TOWNSHIP) (COUN	TY) (STATE
22. I hereby certify that I attended the deceased from III 21, 1911, to Merch 1, 1911, that I last saw the dalive on III 21, 1911, and that death occurred at Le Liam., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 25. FUNEBAL DIRECTOR'S SIGNATURE 3-2-49 25. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	21d. TIME (Month)	(Day) (Year)	·-·	21f. HOW DID INJUI	RY OCCUR?	
alive on	INJURY OF		MHILE AT NOT WHILE WORK AT WORK]		·
alive on	22. I hereby certify	hat I attended	the deceased from Ich .	28, 1987, 10 T	March 7, 1949, that	t I last saw the de
24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION, REMOVAL (Society) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-2-49 Second Seco		<u>Lg 28, 19k</u>		6 15am., from	the causes and on the date	stated above.
24a. BURIAL. CREMA- TION REMOVAL (Speeds) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or coupty) TOWN HAMPSON DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 3-2-49 DESCRIPTION OF SECTION (City, town, or coupty) 25. FUNEDAL OI RECTOR'S SECNATURE ADDRESS 3-2-49 DESCRIPTION OF SECTION OF SEC	23a. SIGNATURE	1	(Degree ortitle)	23b. ADDRESS	. 11 Mi-	23c. DATES
TION REMOVAL GOODS 33 / FORTH C. HUN HAMPTON DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124 25. FUNEDAL DIRECTOR'S SIGNATURE ADDRESS 3-2-499 Service Standard	11.01	Dain	nan MO.	1 Man	golle 1100	Mary
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-2-49 25. FUNEBAL DISECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	24a. BURIAL, CREMA TION, REMOVAL (Bread)	- 24b, DATE	24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City, town,	//
3-2-49 Bes / Toto puffer Broke alfons &	TBuid.	13/19	o tostu	Cinc.	1 sun Hany	sion //
	2 , REG		SIGNATURE LA22	7 25. FUNEBAL DIS	ECTUR & SIGNATURE	101. 9
		1/20	20 18 Delli	1 Jouffe	y come	Wary 18.

West Field

ST.	ATEMENT	RY	LICENSED	CMRAIMED

I hereby certify that the body whose name is recorde	d on the reverse side of this certificate was embaimed by me, or by
working under my personal supervision.	•
Student	Signed Se Suffer Brooks
Student Embalmer	Embalmer No. 3329
· · ·	P. O. Address Alfrany MV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

٠,